



Institut national de santé publique Québec 🏘 🕸

# Translating Research Evidence into Public Health Policies and Practices: CANVax

### Eve Dubé

**Global Challenges in Vaccine Acceptance Science and Programs** 

September 24-26 2018



# CONTEXT

DONATE

Q

### unicef

In 2013, Canada = 27 out of 28 of the world's richest nations for vaccine coverage of children

Child Survival

Innovation for Children

Immunization Child Protection

Education

G7 in Canada

Emergencies

Children in Canada

- > Policy Advocacy for Children
  > About the Convention on the Rights of the Child
- > Children's Rights
- > Research and Policy Analysis

- UNICEF Report Card 13 - UNICEF Report Card 12

#### - UNICEF Report Card 11

- UNICEF Report Card 10

- > UNICEF Reports and Resources
- > Canadian Reports and Resources
- > Rights Respecting Schools

#### **Child Well-Being in Rich Countries: A**

OUR WORK ABOUT US SURVIVAL GIFTS

comparative overview



**HOT OFF THE PRESS**: UNICEF releases **<u>Report Card 13</u>**: Fairness for Children – read how children in wealthy nations are faring in 2016.

#### Kids in 360 degrees

UNICEF's Report Card 11, Child Well-Being in Rich Countries: A comparative overview , measures the level of child well-being achieved in the world's richest nations.

The League Table of Child Well-being ranks 29 industrialized countries on an index of child wellbeing. The index averages 26 indicators across five dimensions: Material Well-being, Health and Safety, Education, Behaviours and Risks, and Housing and Environment. League tables for each of these dimensions, and for each indicator within them, measure and compare progress for

https://www.unicef.ca/en/blog/immunization-in-canada-an-issue-of-equality

# CONTEXT

DONATE Q In a 2013 report, Cana is 27 on 28 the world' richest natio for vaccine Children - read how coverage d children overview, index of child wellell-being, Health and ague tables for each pare progress for 

#### https://www.unicef.ca/en/blog/immunization-in-canada-an-issue-of-equality

# VACCINE ACCEPTANCE AND UPTAKE TASK GROUP (VAUTG)

Pan-Canadian Public Health Network, 2014 – 2015

#### Mandate:

To develop strategic approaches, concepts and tools that can be used to guide and support more cohesive, complementary and effective ways to set, achieve and maintain desired levels of immunization acceptance and uptake, at national, regional and local levels

#### Focus:

- Coverage assessment (environmental scan of coverage data, state of registries, optimal approaches)
- Best practices in addressing vaccine hesitancy / enhancing vaccine acceptance
- Research and development (knowledge gaps and research priorities)

## CANADA'S DECENTRALIZED HEALTH SYSTEM



# VAUTG RECOMMENDATIONS, 2015

#### Improving Coverage Data

- Strengthen registries (adopt common standard, expand scope).
- Strengthen national immunization coverage surveys.

#### Designing effective tools and interventions

- Embrace evidence-informed interventions (and systematically evaluate and share results)
- Conduct multidisciplinary research to inform policy/interventions in 3 domains:
  - ✓ Patient, Provider and System-driven determinants of vaccine acceptance and uptake
  - ✓ In-depth Research to better understand the role / importance of determinants
  - $\checkmark$  Interventions to address the determinants

# VAUTG RECOMMENDATIONS, 2015

#### Strengthening Institutional Capacity to Improve Uptake

- Establish a separate & ongoing program to provide research support for activities related to vaccine acceptance/uptake.
- Establish a clearing house / focal point for supporting social/behavioral science research on vaccine acceptance/uptake that would become a permanent part of Canada's immunization research landscape.

✓ Maintain inventory of "shareable" products/tools

- ✓ Monitor, update and share latest relevant research and best-practices
- ✓ Provide expert multidisciplinary counsel and advice

The VAUTG report was presented to public health authorities just before the election of a new government

# **IMMUNIZATION PARTNERSHIP FUNDS**



#### **Immunization Partnership Fund**

- 25 millions over 5 years (2016-2021)
- Aligned with VAUTG recommendations
- Support initiatives by P/Ts governement and the research community to:
  - Increase demand vaccination
  - Enable healthcare providers to vaccinate patients
  - Enhance access to vaccination services



# CREATION OF A CANADIAN IMMUNIZATION RESOURCE CENTRE



CANADIAN ASSOCIATION PUBLIC HEALTH CANADIENNE DE ASSOCIATION SANTÉ PUBLIQUE

- Led by the Canadian Public Health Organization with funding from the Immunization Partnership Funds
- Primary objectives:
  - Increase access to evidence based products and resources relevant to the Canadian context for the target audience that can help support an increase in immunization awareness and coverage
  - Increase awareness among target audience of the online resource centre and relevant issues, trends, and best practices vis-à-vis vaccine acceptance and uptake to help inform target audience immunization activities
- Target audiences:

Immunization program managers and promotional managers in Canada (HCPs *not* the main target, but will benefit from the resource)

## MAIN FINDINGS OF NEEDS ASSESSMENTS



32 interviews with immunization program managers, policy analysts, program coordinators, health educators, medical directors, chief medical health officers across Canada (Oct 2017 – March 2018)

# MAIN FINDINGS OF NEEDS ASSESSMENTS



## MAIN CHALLENGES

- Significant amount of time needed to weed through all the information & identify what is relevant
- Operationalization: How to translate the evidence into practice

# MAIN FINDINGS OF NEEDS ASSESSMENTS

# INFORMATION NEEDS

# • Supporting the role of HCPs

(ensure they have appropriate information, equip them to communicate with vaccine-hesitant parents)

 Optimal communication approaches (what make a good resources?; should we use narratives?; how to make sure our communication will not back-fire?) 'There are constant changes and sending information to front-line staff in a way they can understand – but only have to read one sentence because that's all the time they have'

'We need not only to know the myths, but we need to know how to address them. Public health people aren't using social media in the way that it is intended, for engaging and creating stories'

## **CANVAX PREVIEW**



# CHALLENGES AHEAD

- Attract key audience (how to become a 'one-stop shop'?)
- Populate website, keep accurate and up-to-date with limited resources
- Sharing 'internal resources' from the audience to avoid duplication but need of internal approval (intellectual property)
- Make evidence operationalizable and relevant at the provincial / territorial level → need huge amount of work



Franz Reichelt's jump from the Eiffel Tower with his own personal flying invention

# CONCLUDING REMARKS

It's possible to translate evidence into practices and policies, but it takes time and trust between researchers and decision-makers as well as... a window of opportunity

### ACKNOWLEDGEMENTS

CANVax team Noni MacDonald Scientific co-chair Chandni Songar & Greg Penney – CPHA Lucie Bucci, Immunize Canada

#### **VAUTG** members

Tim Hildermans (co-chair), Julie Bettinger, Bill Fisher, Monika Naus, Salah Mahmud, Gina Charos

Funding from the Public Health Agency of Canada